

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: ANGELA WALKER

Telephone: 843-742-0967

Address: 1400 CHURCH STREET SUITE 101-F  
CONWAY SC 29526

Fax: 843-488-1750

Other: \_\_\_\_\_

Email: angela@hopenfreedom.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

RECEIVED

MAY 27 2021

PSC SC  
MAIL / DMS

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**101 Executive Center Drive, Suite 100**  
**Columbia, South Carolina 29210**

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
 OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: 5/25/21

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. **ALT TRANSPORTATION SERVICES LLC**

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

**1400 CHURCH STREET STE. 101-F CONWAY SC 29526**

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

**843-742-0967**

**843-488-1750**

Phone

Fax

**angela@hopenfreedom.com**

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<b>Assets:</b>		<b>Liabilities:</b>	
Value of Real Estate	450,000.00	Mortgage/Loan on Real Estate	190,061.00
Value of Motor Vehicles	37,442.00	Loans Owed on Motor Vehicles	17,360.00
Cash on Hand	1000.00	Business/Other Loans Owed	23,000.00
Cash in Bank	75,000.00	Other Liabilities or Debts	3000.00
Value of Other Assets and Equipment	15,000.00	Total Liabilities	233,421.00
Total Assets	578,442.00		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

**PROPOSED RATES AND CHARGES FOR SERVICE****Proposed Rates and Charges:**

Types of Charges Ambulatory Base Rate (\$30-\$50)

Wheelchair Base Rate (\$75-\$90)

Mileage Fees (\$2-\$5 per mile)

**Requested Scope of Authority: Check all counties in which you are requesting permission to operate.**  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee          | <input checked="" type="checkbox"/> Florence   | <input type="checkbox"/> Lee               | <input type="checkbox"/> Saluda                  |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester           | <input checked="" type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington         | <input type="checkbox"/> Spartanburg             |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield      | <input type="checkbox"/> Greenville            | <input checked="" type="checkbox"/> Marion | <input type="checkbox"/> Sumter                  |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon         | <input type="checkbox"/> Greenwood             | <input type="checkbox"/> Marlboro          | <input type="checkbox"/> Union                   |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton          | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick         | <input checked="" type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington        | <input checked="" type="checkbox"/> Horry      | <input type="checkbox"/> Newberry          | <input type="checkbox"/> York                    |
| <input type="checkbox"/> Beaufort              | <input checked="" type="checkbox"/> Dillon | <input type="checkbox"/> Jasper                | <input type="checkbox"/> Oconee            |  |
| <input type="checkbox"/> Berkeley              | <input type="checkbox"/> Dorchester        | <input type="checkbox"/> Kershaw               | <input type="checkbox"/> Orangeburg        | <input type="checkbox"/> Statewide               |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield         | <input type="checkbox"/> Lancaster             | <input type="checkbox"/> Pickens           |  |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield         | <input type="checkbox"/> Laurens               | <input type="checkbox"/> Richland          |  |

**DESCRIPTION OF EQUIPMENT**

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
FORD	2017 ECONOLINE E450	1FDFE4FSHDC06837	7100/10000	X

**INSURANCE QUOTE**

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

ANGELA WALKER

Name of Applicant

1400 CHURCH STREET STE. 101-F CONWAY, SC 29526

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 11,585.00

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5000

NATIONAL INDEMNITY COMPANY

Name of Insurance Company

1314 DOUGLAS STREET STE. 1400 OMAHA, NE 68102-1944

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

NICO-Rate for South Carolina

Columbia Insurance Company

## Commercial Auto Quote For: Angela Walker

Quote #: 11676970

Status: Pending

Policy Type: AP

Originally Quoted: 5/08/2021 11:45 AM EDT  
 Quote Printed: 5/08/2021 12:06 PM EDT  
 Proposed Effective: 5/08/2021 12:00 AM EDT  
 Proposed Expiration: 5/08/2022 12:00 AM EDT

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	8,511
7	UM - BIPD	1,000,000 CSL	836
7	UIM - BIPD	1,000,000 CSL	836
7	Medical Payments	5,000	268
7	Physical Damage	See Specific Unit	1,134
	Total Ins Value	30,000	

## Subject to:

- No Losses/No Prior Coverage (New Venture)
- Clear MVR's and 2+ years of experience driving similar vehicles for each Owner and Driver
- 25 mile radius
- No Filings
- Intrastate travel only
- Non-Emergency transport only
- No lights/sirens

Total **\$11,585.00**

Revision: 715G2020R01

## Vehicle Information

NICO-Rate Version: 8.7.4718.1477

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2017 FORD E450 (06837) Comp/Coll \$30,000 Radius: Up to 25 Miles	8,511	836	836	268	1,134	N/A	N/A	11,585

Deductible: 1,000/1,000

**NI** National  
 Indemnity  
 Company  
 Since 1940

**Exhibit Fit, Willing, and Able (FWA)**

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Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No



**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Angela Walker  
Applicant's Signature

CEO/PRESIDENT  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Horry )

SWORN TO BEFORE ME  
This 27 day of May, 2021

Wendy Shelley  
Notary Public

Commission Expires February 23, 2028

Print Application

# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

ALT TRANSPORTATION SERVICES, LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 30th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 30th day  
of April, 2021.

  
Mark Hammond, Secretary of State